

PTO/SB/21 (10-07)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

29

Complete if Known

Application Number	10/735,307	RECEIVED
Filing Date	December 12, 2003	CENTRAL FAX CENTER
First Named Inventor	Johnson	
Art Unit	3621	MAY 22 2008
Examiner Name	Negron	
Attorney Docket Number	840468-605001	

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Inquiry
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

PTO FORM PTO-2038

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name:	Rudolph J. Buchel Jr. (Reg. No. 43,448) <i>Rudolph J. Buchel, Jr., P.C.</i> P.O. Box 702526 Dallas, Texas 75370-2526
Signature	
Date	May 22, 2008

CERTIFICATION OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

fax 571-273-8300

Typed or printed name	Rudolph J. Buchel Jr.
Signature	
Date	May 22, 2008

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Fees pursuant to the Consolidated Appropriations Act 2005 (H.R. 4818)

FEE TRANSMITTAL

For FY 2008

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT \$60.00

Complete if Known	
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Filing Date	December 12, 2003
First Named Inventor	Johnson
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CENTRAL FAX CENTER

22 2008

METHOD OF PAYMENT (check all that apply)

- | | | | | |
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| <input type="checkbox"/> Check | <input checked="" type="checkbox"/> Credit Card | <input type="checkbox"/> Money Order | <input type="checkbox"/> None | <input type="checkbox"/> Other (please identify): _____ |
| <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>50-3328</u> Deposit Account Name: <u>Rudolph J. Buchel, Jr., P.C.</u> | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below | | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee | | |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)
Under 37 CFR 1.16 and 1.17 | | <input checked="" type="checkbox"/> Credit any overpayments | | |

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
<u>Application Type</u>	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	310	155	510	255	210	105	\$ 0.00
Design	210	105	100	50	130	65	\$ 0.00
Plant	210	105	310	155	160	80	\$ 0.00
Reissue	310	155	510	255	620	310	\$ 0.00
Provisional	210	105	0	0	0	0	\$ 0.00

2. EXCESS CLAIM FEES

Fee Description

**Each claim over 20 (including Reissues)
Each independent claim over 3 (including Reissues)
Multiple dependent claims**

				<u>Multiple Dependent Claims</u>					
<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>		<u>Fees Paid (\$)</u>	<u>MD Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>		
0	-20 or HP=	0	x	25	=	\$ 0.00	0	\$180	\$ 0.00

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
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HIGHEST NUMBER OF TOTAL CLAIMS HELD FOR If greater than 3, enter 3.

3. APPLICATION SIZE FEE

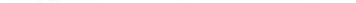
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fees Paid (\$)**
88 -100 0 / 50 = 0 (round up to a whole number) x \$120 = \$ 0.00

4. OTHER FEE(S)

Extension of Time under 37 CFR 1.136(a)

Other (e.g., late filing surcharge):

SUBMITTED BY		(Complete if applicable)		
Name (Print/Type)	Rudolph J. Buchel, Jr.	Registration No. (Attorney/Agent)	43,448	Telephone (972) 930-9449
Signature			Date	May 22, 2008

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